

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36845

State File No. ....

9075

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3546 Grace Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
**Life.** (Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **BARBARA KRETZER**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Bernard Kretzer** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **March 20 1871**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **23** If less than one day  
hr. min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housewife.**

12. Name **Bernard Meyer**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Magdalene Schuessler**  
(City, town, or county) (State or foreign country)

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice Hesskamp**

(b) Address **3546 Grace Ave.**

17. (a) **Burial** (b) Date thereof **Nov 17/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. Peter & Paul**

18. (a) Signature of funeral director **Theroditus & Son**

(b) Address **2906 Gravois Ave.**

19. (a) **NOV 16 1941** (b) **J. J. Budick**  
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3546 Grace Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **13**  
year **1941** hour **7 30** minutes **P.M.**

21. I hereby certify that I attended the deceased from **July 8 1938** to **Nov 13 1941**  
that I last saw him alive on **Nov 13 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolism** Duration **1 day**

Due to **Chronic myocarditis**  
**Chronic Endocarditis**

Due to **Diabetes Mellitus**  
**Aortic Atherosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **None**

Of autopsy **None**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **NO**  
(b) Date of occurrence **NO**  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (c) Means of injury **NO**

23. Signature **J. J. Budick** (M.D. or other) **MD**  
Address **2767 Gravois** Date signed **11-14-41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lane Milton San Fossan, Registered Apprentice No. 280  
working under my personal supervision.

Signed.....

Thor Lutis

Licensed Embalmer No. 1619

P. O. Address 2906 Harvard

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**